

COSMETIC INTEREST QUESTIONNAIRE

Patient Name: _____ Date: _____

Skin conditions of concern and procedures/products of interest to you (please check all that apply).

- | | |
|---|---|
| <input type="checkbox"/> BOTOX® Cosmetic (Botulinum Toxin Type A) | <input type="checkbox"/> Spider Vein Treatments |
| <input type="checkbox"/> PhotoFacial | <input type="checkbox"/> Removing Facial Veins |
| <input type="checkbox"/> Juvederm or Restylane Therapy | <input type="checkbox"/> Laser Resurfacing |
| <input type="checkbox"/> Skin Rejuvenation | <input type="checkbox"/> Hair Removal |
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Tattoo Removal |
| <input type="checkbox"/> Micro-Dermabrasion | <input type="checkbox"/> Acne and Acne Scars |
| <input type="checkbox"/> Facials and Eye Treatments | <input type="checkbox"/> Liver Spots/Age Spots |
| <input type="checkbox"/> Laser Skin Tightening | <input type="checkbox"/> Retin A or Renova |
| <input type="checkbox"/> Mesotherapy | <input type="checkbox"/> Skin Care Products |
| <input type="checkbox"/> Other, please specify _____ | |

Please answer the following questions on a scale of 1 to 5 by circling the appropriate number.

When looking at my face in the mirror, I believe I look younger, the same as, or older than my true age.

<i>Younger Than</i>	<i>True Age</i>	<i>Older Than</i>		
1	2	3	4	5

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles.

<i>Not Concerned</i>	<i>Somewhat Concerned</i>	<i>Very Concerned</i>		
1	2	3	4	5

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the condition of my skin.

<i>Not Concerned</i>	<i>Somewhat Concerned</i>	<i>Very Concerned</i>		
1	2	3	4	5

My main concerns are:

What other services would you like to see us offer?

Thank You!